Do not use this space.

27242

AUG 15 1934

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. _City_ **1003**
City _St. Louis_ (No. _____ St. _____ Ward)

File No. _____
Registered No. _7480_

6414

2. FULL NAME _John G. Nelson_

(a) Residence, No. _1845 S 9th St._ _23_ Ward.
(Usual place of abode)
Length of residence in city or town where death occurred _4_ yrs. _11_ mos. _1_ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

2

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _July 24, 1934_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _7/20_, 19_34_ to _7/24_, _34_
I last saw her alive on _7/24_, 19_34_ Death is said to have occurred on the date stated above, at _6_ _p_. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Aug 23 1929_

Spastic quadriplegia, congenital

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	4	11		

Date of onset

SIR
10D

191

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _none_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

Heat Exhaustion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _St. Louis Mo._

13. NAME _Leonard Nelson_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Anderson Ind._

Name of operation _____ Date of _____
What test confirmed diagnosis? _clinical_ Was there an autopsy? _no_

15. MAIDEN NAME _Bernice Dallas_

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19_____
Where did injury occur? _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Fredericktown_

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT _Hosp of Kent City Hosp_
(ADDRESS)

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Lutheran Bur. July 26_, 19_2_

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER _G. W. McLaughlin_
(ADDRESS) _Lafayette_

(Signed) _N. J. Quattrough_ M. D.

20. FILED _OCT 23 1934_ 19_____ _J. H. Bredeck_
Registrar.

(Address) _City Hosp_